GLEANERS COMMUNITY FOOD BANK
Share our Strengths Cooking Matters at the StoreTM

Tour Confirmation and Order Form

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| **Attn: Cooking Matters Satellite Coordinator, GCFBS** | **Coordinator’s** Click or tap here to enter text.**Name:**  | Today’s Date: Click & enter text. |
| **Address for materials to be mailed:** Click or tap here to enter text.(No P.O. Boxes) |

 **Cooking Matters at the Store Tour Information**

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| **Tour Information**

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| **CMATS Curriculum:** Click or tap here to enter text. |
| **Tour Date**: Click or tap here to enter text. |
| **Number of Facilitators**: Click here to enter text. |
| **Estimated Number of Participants**: Click here |
| **Language in which tour will be held**: Click here |
| **Will you complete the optional $10 challenge?**Yes [ ]  no [ ]  |
| **This tour is Confirmed** [ ]  **Tentative** [ ]  |

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| **CMATS Facilitator 1** |
| **Name**: Click here to enter text. |
| **Organization**: Click or tap here to enter text. |
| **Phone**: Click here to enter text. |
| **Email**: Click here to enter text. |
| **Volunteer** [ ]  **Staff** [ ]  |
|  dfdf |
| **CMATS Facilitator 2** |
| **Name**: Click here to enter text. |
| **Organization**: Click or tap here to enter text. |
| **Phone**: Click here to enter text. |
| **Email**: Click here to enter text. |
| **Volunteer** [ ]  **Staff** [ ]  |

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| **Tour Location** |
| **Store Name**: Click or tap here to enter text. |
| **Street**: Click or tap here to enter text. |
| **City**: Click or tap here to enter text. |
| **State**: XX | **Zip**: XXXXX  |

**Do you need materials for this course?** Yes [ ]  no [ ]  n/a [ ]
**Type of curricula**: Choose an item.

**Number of participant materials**: Click here to enter text.
**Number of instructor flip books**: Click here to enter text.

**Additional Comments:** Click here to enter text.

 Complete this form for each scheduled Cooking Matters At The Store Tour.
 Please email this form to cmsatellite@gcfb.org (CTRL+CLICK to send e-mail)